

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEQ.

APPLICANT(S)

FILING DATE

10/542640

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									51			
2		/								52			
3			/							53			
4				/						54			
5					/					55			
6						/				56			
7							/			57			
8								/		58			
9									/	59			
10										60			
11										61			
12										62			
13										63			
14										64			
15										65			
16										66			
17										67			
18										68			
19										69			
20										70			
21										71			
22										72			
23										73			
24										74			
25										75			
26										76			
27										77			
28										78			
29										79			
30										80			
31										81			
32										82			
33										83			
34										84			
35										85			
36										86			
37										87			
38										88			
39										89			
40										90			
41										91			
42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.										TOTAL IND.			
TOTAL DEP.	15									TOTAL DEP.			
TOTAL CLAIMS	10									TOTAL CLAIMS			